

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551300

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

1					
2	1				
3	1				
4	1				
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TOTAL IND.

6



TOTAL DEP.

55



TOTAL CLAIMS

61



AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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100					

TOTAL IND.

61

TOTAL DEP.

55

TOTAL CLAIMS

61

